



**THE SPOKANE COUNTY SHERIFF'S OFFICE
&
THE SPOKANE POLICE DEPARTMENT
TRAINING ANNOUNCEMENT**



Public Records Disclosure for Law Enforcement & Public Safety Agencies

DATE: March 5th, 2013 0900-1600

LOCATION: Northern Quest Resort & Casino
100 N. Hayford Rd.
Airway Heights, WA 99001

COST: \$25 (FREE to SCSO and SPD)

DESCRIPTION:

This course will provide a full discussion of the Public Records Act and its application to Law Enforcement Agencies. We will provide a statutory overview of the requirements for your records disclosure program and the need to adopt proactive public records policies. We will also discuss statutory provisions concerning records organization, how to respond to records requests and ensure timely production of records. The course will examine specific exemptions for law enforcement records, including investigative records and intelligence information, personnel records and internal affairs investigations. We will cover the Criminal Records Privacy Act, as well as other Washington statutes addressing law enforcement records and juvenile records. The course will also provide an update on recent developments in the courts and recent legislation passed affecting public records law. This course is presented by Jeffrey S. Myers of Law, Lyman, Daniel, Kamerrer, and Bogdanovich.

REGISTRATION:

To register, please complete the attached SCSO Registration form and send it to Deputy John Oliphant by fax (509) 477-6975 or email, jroliphant@spokanesheriff.org.

Make checks payable in the amount of \$25 to the Spokane County Sheriff's Office and send to SCSO, ATTN: Deputy John Oliphant, 1100 W. Mallon, Spokane, WA 99260. **Checks, cash, or P.O. only.**



Revised 9/10

Spokane County Sheriff's Office Training Unit

Application Form
GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

Applicant's Name: (Last) (First) (Middle)		
Title/Rank:	Applicant's Personnel Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Duty Assignment:	Agency:	
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address: MANDATORY – PRINT OR TYPE @
Agency Mailing Address: (Street or PO Box) (City) (Zip)		

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

2. COURSE INFORMATION

Course Title:	Location of Course:
Course Date(s):	

3. MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

5. APPLICANT PRIORITY (MANDATORY!) →If submitting more than one application for this course, check the priority of **THIS** applicant:1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐**6. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!) →**

@

Confirmation is sent via email, please make sure this section is complete.**7. AUTHORIZATION**

Agency Representative Authorizing Attendance:		For SCSO Use Only _____ _____ _____ _____ _____
Name	Title	
Signature	Date	

Return completed application form to: Deputy John Oliphant, Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to jroliphant@spokanesherriff.org. For more information regarding the application process, please call (509) 477-3211.

Check out more training opportunities at www.spokanecounty.org/sheriff/training.